



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

☒ In re application of*: Chuter, Timothy A.

Serial No.: 0 7 / 782,696 Group No.

Filed: Oct. 25, 1991 Examiner:

For*: Expandable Transluminal Graft Prosthesis for Repair of Aneurysm and Method for Implanting

☐ Patent No.: Issued:

*NOTE: Insert name(s) of all inventor(s) and title also for patent.

Commissioner of Patents and Trademarks

Washington, D.C. 20231

POWER OF ATTORNEY BY INVENTOR(S) (REVOCATION OF PRIOR POWERS)

As a named inventor for the above identified

☒ application

☐ patent

REVOCATION OF PRIOR POWERS OF ATTORNEY

I hereby revoke all powers of attorney previously given and

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I hereby appoint the following attorney(s) and/or agent(s) to prosecute and transact all business in the Patent and Trademark Office connected therewith.

(List name(s) and registration number(s))

✓ Richard J. Godlewski, Reg. No. 30,056

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☐ Attached as part of this power of attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

*SEND CORRESPONDENCE TO:

✓ Richard J. Godlewski
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Date: <u>2/27/92</u>	<u>Timothy A. Chuter</u> Type or print inventor's name <hr/> <u>[Signature]</u> Inventor's signature <hr/> <u>65A Main Street</u> Post Office Address <hr/> <u>Pittsford, New York 14534</u>
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Date: _____	_____ Type or print inventor's name <hr/> _____ Inventor's signature <hr/> _____ Post Office Address <hr/>
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Date: _____	_____ Type or print inventor's name <hr/> _____ Inventor's signature <hr/> _____ Post Office Address <hr/>
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- ☐ Added page(s) for signature(s) by additional inventors
- ☐ Added page—Authorization of attorney(s) to accept and follow instructions from representative

(Supply similar information and signature for fourth and subsequent inventors.)

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Name of Applicant, Assignee, or
Registered Representative

Barbara J. Jasso

Signature

March 5, 1992

Date of Signature

(Power of Attorney by Inventors [12-1]—page 2 of 2)